RFQ NOTIFICATION SHEET Office of Contracts and Rate Setting

State of Michigan Department of Human Services

Notice of a request for quotations or a request for proposals is hereby given Pursuant to Act No. 124 of the Public Acts of 1999.

| Amount: | ITB Number | | | |
|-----------------------|--|--|--|--|
| \$29,970.00 - 3 years | DHS sfsc07-21002 | | | |
| \$9,990.00 per year | | | | |
| | | | | |
| id Description: | | | | |
| | Children funded Parent Education-Group | | | |
| Classes. | | | | |
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| ue Date For Response: | +h | | | |
| August | 7 th , 2006 | | | |
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| | | | | |
| ontact Person Name: | Phone #: | | | |
| Richard Miketinac | (906) 789-7231 | | | |
| -Mail Address: | | | | |
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| miketinack@i | michigan.gov | | | |

REQUEST FOR QUOTE

Michigan Department of Human Services

Contract/RFQ Number: SFSC0721002

E-mail by 5:00 P.M. Eastern Time Monday, Augu

Bid Submission Due Date & Time: 7th, 2006

Geographic Area to be Served: DELTA COUNTY

Service Titles: PARENT EDUCATION - GROUP CLASSES

Anticipated Contract Begin and End Dates: OCTOBER 1, 2006 TO SEPTEMBER 30, 2009

Method of Reimbursement: Actual Cost X Unit Rate

Maximum Annual Contact Amount: \$ 9,990.00 per year

Issuing Office: Department of Human Services DELTA COUNTY DHS

Contact Person: RICHARD MIKETINAC

Telephone #: 906-789-7231 Fax #: 906-786-5350

Email Address: MIKETINACR@MICHIGAN.GOV

Pre-proposal Conference: (Date, time, location) N/A

(Please notify the contact person above if you plan on attending)

Bidder Questions Due Date & Time: N/A

I. CONTRACTOR RESPONSIBILITIES

A. Geographic Area

The Contractor shall provide services described herein in the following geographic area: Delta County.

B. Location of Facilities

The Contractor shall provide services described herein in facilities located at:

Various sites throughout Delta County.

C. Client Eligibility Criteria

1. Public and private agencies (including self referral) may refer:

Families with children at risk of child abuse or neglect

Families with children at risk of out of home placement due to child abuse, neglect, child behavioral problems, mental health problems, or other circumstances placing the child at risk.

2. Determination of Eligibility

Each person to be provided service shall be identified by name and address in a written referral to the contractor. A local office may initiate a referral by telephone as long as it is followed up with a written referral within 5 working days. The Contractor shall verify and document the specific factor that places that child(ren) in the referred family at risk of child abuse/neglect or out of home placement.

D. Services to be Delivered

Service #1 of 1: PARENT EDUCATION – GROUP CLASSES

1. Activities the Contractor shall perform:

The Contractor shall:

 Accept written referrals for parent education group services from DHS or other agencies including self referrals. Telephone referrals may be accepted if followed up by a written referral within 5 working days.

- Provide parent education facilitator(s)/instructor(s) with a minimum of a Bachelor of Science degree in education, child development, social work, or related field.
- c. Arrange for or provide space for classroom instruction in locations accessible to the client group.
- d. Develop and maintain a parent education curriculum. Topics to be presented shall include but not be limited to;
 - 1) Children's basic needs (nutrition, medical, safety)
 - 2) Normal stages of child growth and development (physical, mental, emotional, and intellectual)
 - 3) Family communication skills including active listening and positive verbal interaction.
 - 4) Appropriate methods of disciplining and behavior management
 - 5) Alternatives to hitting, spanking, and yelling
 - 6) Reinforcing positive behavior
 - 7) Development of nurturing skills to build self-esteem and self-worth in children
 - 8) Setting behavior and time limits and appropriate and enforceable family rules
 - 9) The need for and development of consistent parenting practices
 - 10) Appropriate methods of handling parental stress
 - 11) Developing an awareness and use of community resources
 - 12) Techniques to help children express and handle feelings
- e. Present the educational content using a variety of techniques based on the needs and capabilities of the group members and the expertise of the group instructor. These may include, but are not limited to:
 - 1) Informal discussion
 - 2) Role plays
 - 3) Hands On task and problem solving
 - 4) Outside speakers
- f. Schedule classes during the evening hours or at times agreed upon by the DHS office. Each class shall be a minimum of 2.5 hour(s) long and have a minimum of 5 parents and a maximum of 15 parents attending.

- g. Provide all materials required for the classes including books, notebooks, paper, pencils, etc.
- h. Develop and administer a pre-test and post-test of parenting skills for parents who attend the classes.
- i. Develop and maintain records of all class activities to include but not be limited to:
 - 1) Number, dates and times of classes
 - 2) Subject matter of classes
 - 3) Attendance at each class
 - 4) Summary of progress and participation of individual clients
- j. Maintain communication with DHS or other referring agency worker regarding progress and continuation of parents in the program. Evaluate client progress based on, but not limited to:
 - 1) Client's participation in the group classes
 - 2) Client's own evaluation based on client satisfaction survey
 - 3) Consultation with referring workers
 - 4) Instructor's/Facilitator's observations
- k. Provide referring agency worker with written, monthly or midpoint, individual client progress reports which shall include a summary of the client's progress and participation. These reports shall be submitted to the local office at the time of billing.

2. Time Frame

Each course shall be of no more than seven weeks duration and shall be repeated in Delta County a total of six times throughout the fiscal year.

3. Volume of Service

Clients - The estimated number of eligible clients to be served during the period of this Agreement shall be: 60

4. Unit Definition(s): One unit equals one Parent Education class lasting at least 2.5 hours with a group of at least five but no more than 15 parents.

C. Evaluation Criteria

The services provided by the Contractor under this Agreement shall be evaluated by the FIA on the basis of the following criteria:

- 1. 85% of clients completing the six week course will be able to identify at least two areas in which their parenting skills have improved.
- 2. 85% of families served that have had one or more children returned home from court ordered out of home care shall not experience a repeat placement of their children during the period of this Agreement.
- 75% of all parents that complete the course shall not have any of their children removed from their care by court order during the term of this agreement.

BIDDER INFORMATION

1. To receive reimbursement from the State of Michigan, a Contractor must be registered as a vendor on the Michigan Accounting and Information Network (MAIN)

To register on MAIN:

- Click on http://www.cpexpress.state.mi.us/
- Follow directions.
- 2. **Proof of public liability insurance** must be provided to DHS prior to the time the contract is executed (issued).
- 3. If portions of the services are being subcontracted, the bidder must identify the services the subcontractor will perform and provide all information requested, (including a budget) as it applies to both the bidder and the subcontractor(s).

A contractor is responsible for the performance of any subcontractors who are held to the same standard of quality and performance as the contractor. Raters of bid responses will consider the qualifications of both the contractor and subcontractor when making contract award recommendations.

4. Budget Completion

Complete Budget Statement (CM-468 CM-469) а or (http://www.michigan.gov/documents/CM-468ex_15681_7.xlt) in accordance with instructions. The bidder should complete the Budget forms only for the first 12 months if the bid is for response а multi-year period.

BIDDER NAME:

PRICE QUOTATION

| Use this | form to sta | te the price | offered to DH | S for the se | rvice to be | provided. | The price qu | uoted is to be | per unit of |
|-----------|---------------|--------------|-----------------|---------------|-------------|-----------|--------------|----------------|-------------|
| | | | | | | | om the budg | et information | provided |
| Please id | lentify the s | service bein | g bid, using th | e title as sh | own in the | RFQ. | | | |

| Serv | ice #1: | |
|------|----------------------------|-------------|
| Unit | Definition: | |
| a. | Price per unit of service: | \$ /unit |

BIDDER NAME:

PRICE QUOTATION

Use this form to state the price offered to DHS for the service to be provided. The price quoted is to be per unit of service as defined in the service description in the RFQ and extrapolated from the budget information provided. Please identify the service being bid, using the title as shown in the RFQ.

| Ser | rvice #1: | |
|------|----------------------------|-------------|
| Unit | it Definition: | |
| a. | Price per unit of service: | \$ /unit |